

UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No.
MNOAP001DIV

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) named inventors: Roberta LEE, Redwood City, CA; Huddee Jacob Ho, San Jose, CA; entitled **DEVICES AND METHODS FOR TISSUE SEVERING AND REMOVAL**, for a(n):

- () Original Patent Application.
- (X) Continuing Application (prior application not abandoned):
 () Continuation (X) Divisional () Continuation-in-part (CIP)
 of prior Application No. 10/097,412, filed 03/12/2002.
- (X) Please add after the title of the application "This is a Divisional
 of Application No. 10/097,412, filed 03/12/2002, now U.S. Pat. No. _____,
 which claims the benefit of U.S. Provisional Application
 No. 60/322,634, filed 09/12/2001, the entireties of which are hereby incorporated by reference."
- (X) Applicant hereby claims small entity status.

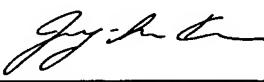
Enclosed are:

- (X) Specification: 46 Total Pages. (X) Drawing(s): 14 Total Sheets.
- (X) Oath or Declaration:
 () A Newly Executed Combined Declaration and Power of Attorney:
 () Signed. () Unsigned. () Partially Signed.
- (X) A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).
 () Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).
- () Power of Attorney. (X) Return Receipt Postcard.
- (X) Preliminary Amendment. () A Check in the amount of \$ _____ for the Filing Fee.
- () Information Disclosure Statement, Form PTO-1449, and copies of cited references.
- (X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.
- () Request for Certification (**NON-PUBLICATION**) under 35 U.S.C. 122(b)(2)(B)(i).
- (X) Assignment Recordation Cover Sheet (1 page) and Assignment (1 page).
- () A Certified Copy of Priority Documents (if foreign priority is claimed).
- () Other: _____

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	71	51	\$9.00	\$ 459.00
Independent Claims	1	0	\$43.00	\$ 0.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$40.00
Basic Filing Fee				\$385.00
Total Filing Fee				\$ 884.00

- (X) Please charge the total filing fee of \$ 884.00 to Deposit Account No. 50-1217 (Order No. MNOAP001DIV).
- (X) At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account No. 50-1217 (Order No. MNOAP001DIV).

Respectfully submitted,

By: 

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Date: April 16, 2004

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I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

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